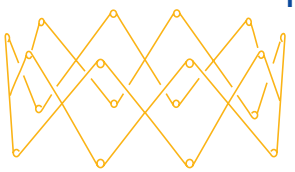
Medtronic

PROPEL™ mometasone furoate sinus implants

Coding and billing information

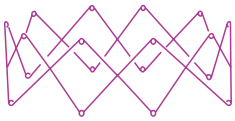
Facility setting (hospital outpatient [POS 19/22] and ambulatory surgery center [POS 24])

PROPEL mometasone furoate implant



for ethmoid sinus[1]

PROPEL Mini mometasone furoate implant



for ethmoid sinus and frontal sinus opening[2]

PROPEL Contour mometasone furoate implant

for sinus ostia: frontal and maxillary[3]

Indications, contraindications, and precautions

The PROPEL sinus implants are intended to maintain patency and locally deliver steroid to the sinus mucosa in patients ≥18 years of age following sinus surgery: PROPEL for the ethmoid sinus, PROPEL Mini for the ethmoid sinus/frontal sinus opening, and PROPEL Contour for the frontal/maxillary sinus ostia. Contraindications include patients with confirmed hypersensitivity or intolerance to mometasone furoate (MF) or hypersensitivity to bioabsorbable polymers. Safety and effectiveness of the implant in pregnant or nursing females have not been studied. Risks may include, but are not limited to, pain/pressure, displacement of the implant, possible side effects of intranasal MF, sinusitis, epistaxis, and infection. For full prescribing information, see IFU at www.IntersectENT.com/technologies/. Rx only.

Disclaimer

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for the care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage and payment policies. This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g. instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

HCPCS coding*

To facilitate claims processing and payment for PROPEL™, PROPEL Mini and PROPEL Contour sinus implants when used in the facility setting, providers may report the code listed below.

HCPCS	Description	Payers
C2625	Stent, non-coronary, temporary, with delivery system	Medicare contractors and some commercial payers**

****Note:** In ASCs, check the status indicator for the procedure codes reported. C2625 is not reportable with all procedures in the ASC setting.

In circumstances where the C-code is not accepted by the payer, the below S1091 may be considered for use.

There is no separate payment available under the Medicare Hospital Outpatient Department for C2625, but for future rate-setting purposes, it is important for hospitals to report the C-Code and an appropriate charge on the claim form. Separate payment may also exist under some commercial payer contracts, depending on the facility setting for the procedure. Check with payer for the most appropriate code to use.

HCPCS	Description	Billable units	Payers
S1091	Stent, non-coronary, temporary, with delivery system (propel)	1 unit billed per package	Commercial payers

It is important to note that in the case of bilateral procedures, HCPCS codes (e.g., C2625, S1091) cannot be appended with modifier -50. Rather, bilateral placement should be indicated as two (2) units with use of the C-code and two (2) units if the S-code is used, in the appropriate field on the claim.

The appropriate ICD-10-CM codes† should be entered for PROPEL sinus implant in **FL 67** of the CMS-1450 (UB-04) claim form for the hospital outpatient department.

Possible ICD-10-CM code(s) for PROPEL, PROPEL Mini & PROPEL Contour sinus implants:

J32 Chronic sinusitis
J32.0 Chronic maxillary sinusitis
J32.1 Chronic frontal sinusitis
J32.2 Chronic ethmoidal sinusitis
J32.4 Chronic pansinusitis
J32.8 Other chronic sinusitis
J32.9 Chronic sinusitis, unspecified

Please see your coding manuals for coding guidance on the specific ICD-10-CM based patient diagnosis.

* Healthcare Common Procedure Coding System (HCPCS) Level II codes, including device C-codes, are maintained by the Centers for Medicare and Medicaid Services. http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html. Accessed November 16, 2021.

† Centers for Disease Control and Prevention, National Center for Health Statistics. International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM). https://www.cdc.gov/nchs/icd/icd10cm.htm. Accessed November 16, 2021.

Please see PROPEL Intended Use and Important Safety Information on page 1.

FL 43 – Medication Information:
In **FL 43** of the CMS-1450 (UB-04) claim form for the hospital outpatient department, the full name of the medication administered, including strength (if applicable), (e.g., **PROPEL, 370 µg**), dosage, basis of measurement (mg, ml, etc.) as well as the NDC (National Drug Code) on package used (e.g., **10599-0002-01**) should be entered.

FL 47 - Medication Charge:

NDC	Description
10599-0000-01	PROPEL (mometasone furoate sinus implant, 370 micrograms)
10599-0001-01	PROPEL Mini (mometasone furoate sinus implant, 370 micrograms)
10599-0004-01	PROPEL Mini SDS (mometasone furoate sinus implant, 370 micrograms)
10599-0002-01	PROPEL Contour (mometasone furoate sinus implant, 370 micrograms)

FL 46 - Medication Quantity:
The quantity of medication administered should be indicated in FL 46 of the CMS-1450 (UB-04) claim form for the hospital outpatient department. The number of units of the NDC used should be entered, for example, 1 unit for unilateral placement or 2 units for bilateral procedures.

Considerations for outpatient facility payment

When evaluating the potential reimbursement for surgeries using PROPEL sinus implants, it is important to consider multiple factors.

1. Due to the nature of the sinus anatomy, most sinus surgery cases include multiple CPT codes. Therefore, providers should consider the total average “case” payment, not the payment per related CPT code.

2. Although there is no separate payment for HCPCS codes, which are considered adjunctive to surgical procedure, some commercial payer contracts provide separate payment for supplies and/or implants. This is contract dependent. Providers should consult each payer’s policies to determine reimbursement rates for the procedure(s) planned for the patient.

3. The charge amount will vary by provider. Hospital outpatient departments and ASCs may set charges based on their charge master (which reflects their costs and includes a markup), current contracts with payers and established billing protocols associated with the service or procedure, which reflect the required resources (supplies, time, staff, etc.). It is important for providers to have supporting documentation to justify their costs and established charges for a service/procedure.

Please see PROPEL Intended Use and Important Safety Information on page 1.

CPT® Procedure Coding

Providers should always report the CPT code(s) that most accurately describe the services performed in association with placement of a drug-eluting sinus implant.

Please note: Payer NDC requirements and placement may vary, check with payer.

For more information on coding and billing for PROPEL sinus implants, please contact your Reimbursement Consultant, or email: ent.us.reimbursement@medtronic.com

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References

1. PROPEL [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2013.
2. PROPEL Mini [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2016.
3. PROPEL Contour [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2016.

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